



What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY
HEALTH AND FAMILY PLANNING PROJECT



Vol. 2, No. 17, May 2002

Navrongo Health Research Centre

WHERE THERE IS NO NAME FOR 'DOCTOR'

'A bisem'. This is a usual greeting by a Yezura Zennu (YZ) as he enters a compound to offer health services to members of the compound. The term is derived from the *Zurugelu* concept (coming together and doing things together). This is a traditional system of getting things done for individuals and communities. This concept was introduced to replace the Village Health Worker (VHW) Scheme introduced in the 1970s by the Ministry of Health. This concept failed because volunteers were not properly monitored, resulting in their overstepping the scope of their work. Equipped with basic data in simple primary health care, a YZ goes on compound visits offering health services to members of a community to which he/she belongs. Owing to the fact that he is a volunteer, he is not assigned compounds to visit in a specified period of time as is done with Community Health Officers. He works three days a week; this enables him to attend to his personal activities to earn income.



The YZ is a solution looking for problems

YZ selection

The process for selecting YZ is very rigorous and meticulous. After several consultations between the Community Health and Family Planning Project and community members, a YZ is chosen by a Chief and

members of his community. In some cases, the selection is done in collaboration with formal political structures at the community level such as an Assemblyman or Unit Committee members. Selection of the YZ is based on certain criteria such as having a spirit of volunteerism, dedication and honesty, a willingness to stay relatively permanently in the community, an ability to ride a bicycle, and being functionally literate. (Although functional literacy has eluded many a YZ and some communities have stark illiterates serving as YZ and who, surprisingly, are doing well.)

Right from the outset, it is made known to the candidate that the job is a purely voluntary service. First he/she is introduced to the community at a durbar for community acceptance or rejection. If the person proposed is accepted, the District Health Management Team (DHMT) in collaboration with the Community Health and Family Planning Project team of the Navrongo Health Research Centre (NHRC) then trains him for two weeks.

Content of YZ training

During training, the YZ is taken through environmental sanitation, health education, personal hygiene, water sanitation, nutrition, maternal and child care (including immunization), treatment of minor ailments, counseling on family planning, use of family planning devices, and simple bookkeeping techniques. The YZ also goes on practical attachment in the consulting room of a hospital.

After his training, a durbar is again organized and the YZ is presented to the community as being ready to start work. Here, he is told all the do's and don'ts of his/her work in the presence of community members. He is not to give injections, handle or dispense antibiotics, and should not provide ambulance services but rather, refer patients to the nearest health facility.



Training the 'Village Doctor'

Refresher training

Subsequently, three-day training workshops are organized every quarter. The content of these workshops is drawn from problems encountered by the YZ or identified by supervisors in the field. Sub-district supervisors who are DHMT staff organize the workshops in collaboration with the training coordinator of the NHRC. YZ are taken through effective conduct of home visits, proper organization and submission of monthly reports, and any other topic the supervisor and the training coordinator deem appropriate. Certain YZ are trained to distribute oral contraceptive pills to women. During refresher training sessions YZ are given the opportunity to share their experiences and problems in order to learn from each other.

YZ working tools

YZ working tools include drugs, a drugs storage box, a rucksack for transporting drugs, two notebooks for recordkeeping, and a bicycle as his means of transport. At a durbar to present the items to the YZ, decorum is strictly respected—the project first gives the items to the Chief, who in turn hands them over to the Yezura Nakwa (YN, a health committee usually made up of five members). The Yezura Nakwa then hand the items to the YZ in the presence of community members. The YZ is admonished to work hard and not disappoint the community and should use the bicycle to do the work for which it is given—health delivery. Since YZ work is voluntary, an appeal is made to community members to assist the YZ to function effectively by helping out on his/her farm during the rainy season and also helping with building or renovation work on his/her house when the need arises. The YZ is then given an opportunity to speak if he/she so wishes.

YZ Scope of Work

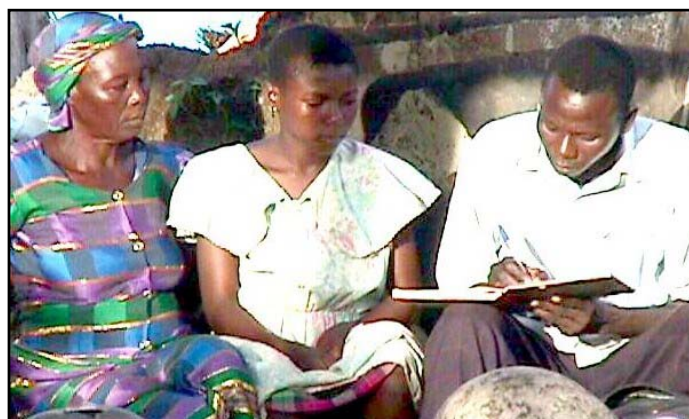
YZ give treatment to anyone with minor ailments such as malaria, headache, abdominal pains, diarrhoea, etc and refers patients to the resident nurse in the community known as the Community Health Officer (CHO) or the nearest health facility where necessary. If there is no one needing treatment during that visit, the YZ gives situational health talks. Other functions of the YZ include:

Community mobilization. The YZ does not only seek the health of his community members, he is also a social mobilizer of people to undertake communal labour when the need arises. When there is the need to build or renovate a Community Health Compound (CHC), construct a ventilated improved pit latrine, keep the surrounding of a borehole clean or undertake any other health-related community project, the YZ educates community members as he goes on compound visits on the need to undertake a particular project. He also actively participates in executing the project.

Outreach clinics. The YZ also assists the CHO or the sub-district outreach team to run Child Welfare Clinics. His role is to inform mothers by passing the information of an impending clinic to all sectional heads of his community so that they will in turn make announcements on the eve of the clinic when all members of his community are supposed to be at home. The YZ also reminds mothers of impending clinics as he does his compound visits. At an outreach clinic, he weighs children and records their weight on their Road-To-Health Cards. He also educates mothers who have defaulted on the need to attend outreaches. Children of mothers who have persistently defaulted are identified by the YZ who informs the CHO, who, in turn, traces the child/children for the necessary immunizations.

Disease surveillance. The YZ also serves as a link between the community and any health facility within the community. He alerts health authorities of any strange disease in the community for action to be taken before an epidemic occurs.

Referral. For many families, the YZ replaces the traditional healer as the first source of health care. YZ are trained to recognize cases that they are not qualified to treat, and to refer these cases to CHO or sub-district Health Centres.



The “Village Doctor” providing doorstep service

Send questions or comments to: What works? What fails?

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This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation.